

| CLAIMS ONLY | | | | | | | SERIAL NO. | FILING DATE |
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| | | | | | | | APPLICANT(S) | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
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| TOTAL CLAIMS | 7 | ↓ | ↓ | ↓ | ↓ | ↓ | TOTAL CLAIMS | ↓ |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | SERIAL NO. _____ | FILING DATE _____ |
| APPLICANT(S) _____ | | |

| (FOR USE WITH FORM 100) | | | | | | | | | | | | | |
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